

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
02-008

2. STATE
Alaska

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
April 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 435

7. FEDERAL BUDGET IMPACT:
a. FFY 02 \$0
b. FFY 03 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6A, Page 1
Supplement 1 to Attachment 2.6A, Page 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 1 to Attachment 2.6A, Page 1
Supplement 1 to Attachment 2.6A, Page 6

10. SUBJECT OF AMENDMENT:

Federal Poverty Guideline based income eligibility standards

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Does not wish to comment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Bob Labbe

14. TITLE: Director, Division of Medical Assistance

15. DATE SUBMITTED:

16. RETURN TO:

Division of Medical Assistance
PO Box 110660
Juneau, AK 99811-0660

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

JUN 10 2002

18. DATE APPROVED:

JUL 22 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR 1 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

LSI

21. TYPED NAME:

Banner Butterfield

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAL ASSISTANCE

23. REMARKS:

6/6

Juneau

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

	Family Size	Need Standard
a. Adult Included (AI)	2	\$ 1,055
	3	1,186
	4	1,317
	5	1,448
	each additional	131
b. ANI	1	\$ 579
	2	710
	3	841
	04	972
	each additional	131
c. UP/INCAP Parent	2	\$ 1,055
	3	1,186
	4	1,317
	5	1,448
	each additional	131
d. Single Adult		\$ 660

2. Pregnant women and infants under Section 1902(a)(10)(i)(IV) of the Act:

Federal Poverty Guidelines For Pregnant Women and Infants 185%	
Effective beginning 4/1/2002	
Family Size	Income Level
1	\$ 1,709
2	2,302
3	2,896
4	3,489
5	4,083

INCOME ELIGIBILITY LEVELS (Continued)

**C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO
FEDERAL POVERTY GUIDELINE**

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan 1, 1989: ____ 85 percent ____ ____ percent (no more than 100)

Eff. Jan 1, 1990: ____ 90 percent ____ ____ percent (no more than 100)

Eff. Jan 1, 1991: 100 percent

Eff. Jan 1, 1992: 100 percent

b. Levels

Federal Poverty Guidelines for QMB	
100%	
Effective beginning 4/1/2002	
Family Size	Income Level
1	\$ 924
2	\$1,245